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Health Promotion for Young Prisoners

Research Report Romania

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0. Executive Summary

The report presents the results of a research conducted in Romania in 2011, part of a wider project called Health Promotion for Young Prisoners (HPYP) covering partners from seven European countries: Bulgaria, Czech Republic, Germany, Estonia, Latvia, Romania and United Kingdom. The HPYP project aims to develop and improve health promotion for young vulnerable people in the prison setting and subsequently at to implement a health promotion toolkit across European Member States.

The general framework of the research takes the form of a needs assessment of vulnerable young people in prison, as well as of prison staff and representatives from NGOs as possible deliverers of health promotion in the prison setting. It uses a common methodology for data gathering and analysis in all the partner countries, with some specific elements depending on the characteristics of the populations included in the samples and the types of detention units were data were collected. Based on the results produced by each of the seven countries, the toolkit for health promotion is to be developed.

The research conducted in Romania used all of the four types of methods for gathering data: anonymous questionnaires with young prisoners (sample of 100 persons), anonymous questionnaires with prison staff and members of NGOs (sample of 41 persons), focus groups with young people in the prison setting (3 groups with an average of 9 participants per group), qualitative interviews with prison staff and members of NGOs (sample of 12 persons). The selection criteria for young prisoners were their age, the type of detention and the type of unit where they served their sentence. Prison staff and members of the NGOs were selected by using the availability criterion. Data gathering covered the period February – April 2011 and included 6 detention units located in the southern part of Romania: Craiova prison for minors & youth, Găeşti re-education center, Jilava prison (located near Bucharest), Rahova remand prison (located in Bucharest), Slobozia prison and Târgşor prison for women.

The analysis of quantitative and qualitative data showed the following patterns:

- the areas of health promotion best covered concern issues such as tobacco use, HIV and hepatitis prevention, alcohol and illegal drugs use, sexual transmitted diseases and tuberculosis;
- the mostly used methods of health promotion are individual counseling and group sessions;
- feeling healthy while in custody is dependent on both individual and institutional factors: health promotion activities are important to increase the knowledge base of prisoners in what concerns their personal choices, but for these activities to have the highest effect, detention units need to provide the necessary space, means and human support;
- the most common barriers to the implementation of health promotion activities are prisoners' low education level and withhold in participation, insufficient and untrained staff, deficit of funds, scarcity of material resources and young prisoners' exposure to adult models.

Having all these in mind, the report should be regarded as a useful instrument for the development of a health promotion toolkit, as it analyses the process of health promotion delivery in Romania, describes and reasons on young prisoners' responses to different types of delivering methods and gives general guidelines and recommendations for the improvement of health promotion among young prisoners.

1. Introduction

The research is part of the project Health Promotion for Young Prisoners (HPYP, www.hpyp.eu), funded by the Public Health Programme of the European Commission (2008-2013) and coordinated by the Scientific Institute of the Medical Association of German Doctors (Wissenschaftliche Institut der Ärzte Deutschlands, WIAD) in partnership with other seven institutions from Bulgaria, Czech Republic, Estonia, Latvia, Romania and United Kingdom.

The general objective of the HPYP project is to develop and improve health promotion for young vulnerable people in the prison setting. It specifically aims at the implementation of a health promotion toolkit for young prisoners widely across European Member States. Therefore, the project's activities were structured as to facilitate the development and piloting of this toolkit, as follows:

- *Extensive literature reviews*: the partners produced in 2010 extensive country reports by reviewing the literature available and analyzing public documents. The reports included national background information on the criminal justice systems, national statistical background information on young people in prison settings and descriptions of the policies, practices and initiatives on health promotion for young prisoners. The results of these reports represented the basis for the research.

- *Research*: It was conducted in 2011 in the partner countries Bulgaria, Czech Republic, Germany, Latvia, Romania and United Kingdom. It takes the form of a needs assessment of vulnerable young people in prison, as well as of prison staff and representatives from NGOs as possible deliverers of health promotion in the prison setting. It uses a common methodology for data gathering and analysis, with some elements specific to each country regarding characteristics of populations included in the samples and types of detention units were data were collected. Based on the results produced by each country a common toolkit for health promotion is to be developed.

- *Health promotion toolkit*: The toolkit is to be piloted in 2012 and aims at addressing health related factors regarding infectious diseases, sexual health, mental health as well as the prevention and treatment of drug use. The target group includes young people (up to 24 years old) in pre- and sentenced prisons, including particular vulnerable groups like women, migrants and ethnic minorities and problematic drug users. The toolkit is scheduled to be piloted in Bulgaria, Czech Republic, Estonia, Latvia and Romania, and further developed and disseminated to a wide range of professionals and organisations working with young vulnerable people in prisons across European Member States.

The present report includes the results of the research conducted in Romania under the coordination of the Association of Schools of Social Work (ASASR). It should be regarded as a useful instrument for the development of a health promotion toolkit, as it analyses the process of health promotion delivery in Romania, describes and reasons on young prisoners' responses to different types of delivering methods and gives general guidelines and recommendations for the improvement of health promotion among young prisoners.

2. Methodology

The research aims at assessing the main health promotion needs of young people in prison, as well as those of prison staff and representatives from NGOs as possible deliverers of health promotion in the prison setting. By **health promotion** we mean any activities, programmes and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody, varying from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

The population under analysis includes young prisoners aged between 14 and 24 years, on remand or sentenced. The population from which data were collected includes young prisoners aged between 18 and 24 years, prison staff and other providers of health promotion in the prison setting. Data were not gathered from the segment of young prisoners aged between 14 and 17 years, as parental consent couldn't be reached. The absence of this age segment from the theoretical sample was substituted by prison staff working in a reeducation center.

Data gathering covered the period February – April 2011 and included 6 detention units located in the southern part of Romania: Craiova prison for minors & youth, Găeşti re-education center, Jilava prison (located near Bucharest), Rahova remand prison (located in Bucharest), Slobozia prison and Târgşor prison for women.

The methods used for data gathering include:

- anonymous questionnaires with young prisoners,
- anonymous questionnaires with prison staff and members of NGOs,
- focus groups with young people in the prison setting,
- qualitative interviews with prison staff and members of NGOs.

Different methods were used in different detention units, as it is shown in the table below.

Table 1 – Application of research methods in detention units

Research methods	Detention Units					
	Craiova minors & youth prison	Găeşti re-education center	Jilava prison	Rahova remand prison	Slobozia prison	Târgşor prison for women
Questionnaire for young prisoners	Yes		Yes	Yes	Yes	Yes
Questionnaire for staff and NGOs	Yes	Yes	Yes	Yes	Yes	Yes
Focus-groups with young prisoners	Yes			Yes	Yes	
Interviews with staff and NGOs	Yes	Yes		Yes	Yes	

3. Sampling procedure and sample description

For the application of the questionnaire to young prisoners, a theoretical sample of 100 subjects was developed based on the structure of the general prison population. The sample is divided into three layers: age of the prisoner, type of unit (for minors & youth or for adults) and type of detention (remand or sentenced). The sample includes 3 female prisoners, aged 20, 21 and 23 years, serving their sentence in Târgşor prison for women. The rest of 97 prisoners are male.

Table 2 – Sample of young prisoners answering the questionnaire

Age	Type of unit		Total	Type of detention		Total
	MYP[1]	Prison		Remand[2]	Sentenced	
18	3	5	**8**	3	5	**8**
19	3	8	**11**	4	7	**11**
20	3	13	**16**	4	12	**16**
21	1	19	**20**	5	15	**20**
Sub-total	**10**	**45**	**55**	**16**	**39**	**55**
22		21	**21**	5	16	**21**
23		24	**24**	6	18	**24**
Sub-total		**45**	**45**	**11**	**34**	**45**
Total	**10**	**90**	**100**	**27**	**73**	**100**

Legend: [1]Refers to Craiova minors & youth prison, [2]Refers to Rahova remand prison.

As mentioned previously, focus-groups with young prisoners were also organized. The subjects were selected among the prisoners that initially completed the questionnaire, on a voluntary basis. The 3 focus-groups were organized in different detention units, so as to capture as much as possible the organizational differences. Thus, one focus-group was made in a prison for adults (aged over 22 years), another one in a remand prison and a third one in a prison for minors & youth (aged between 14 and 21 years). An average of 9 participants per focus-group agreed to participate.

Prison staff and members of NGOs answering the questionnaire and / or participating in interviews were selected using the criterion of availability, meaning that the persons were on location at the time of data gathering and they were willing to participate. Other criteria of sample selection included their profession and their experience in working with young prisoners. 41 questionnaires were applied and 12 interviews were taken with prison staff and members of NGOs.

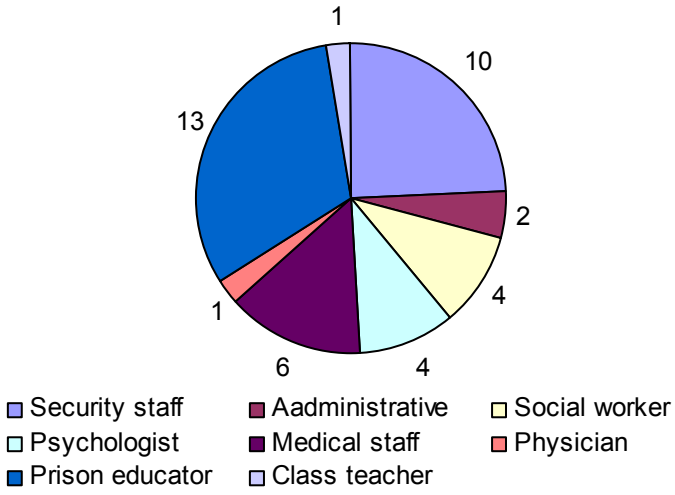
4. Results

4.1 Results from quantitative approaches (questionnaires prison staff and prisoners)

4.1.1 Demographic characteristics

The demographic characteristics of prison staff answering the questionnaire (41 persons in total) show a gender distribution predominantly male (23 persons), having an experience in working with young prisoners of more than 5 years (29 persons) and from different areas of activity (see Graphic 1).

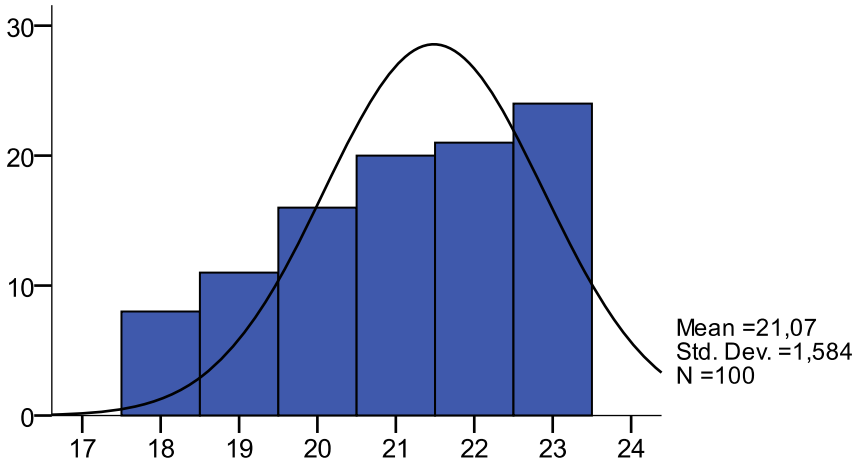
Graphic 1. Job distribution of prison staff



The young offenders with whom the prison staff answering the questionnaire is working have on average between 16 and 22.5 years of age.

The demographic characteristics of young prisoners answering the questionnaire (100 persons in total) show as well a gender distribution predominantly male (97 persons) and with an average age of 21 years. The curve of the age distribution is skewed to the right (see Graphic 2).

Graphic 2. Age distribution of young prisoners



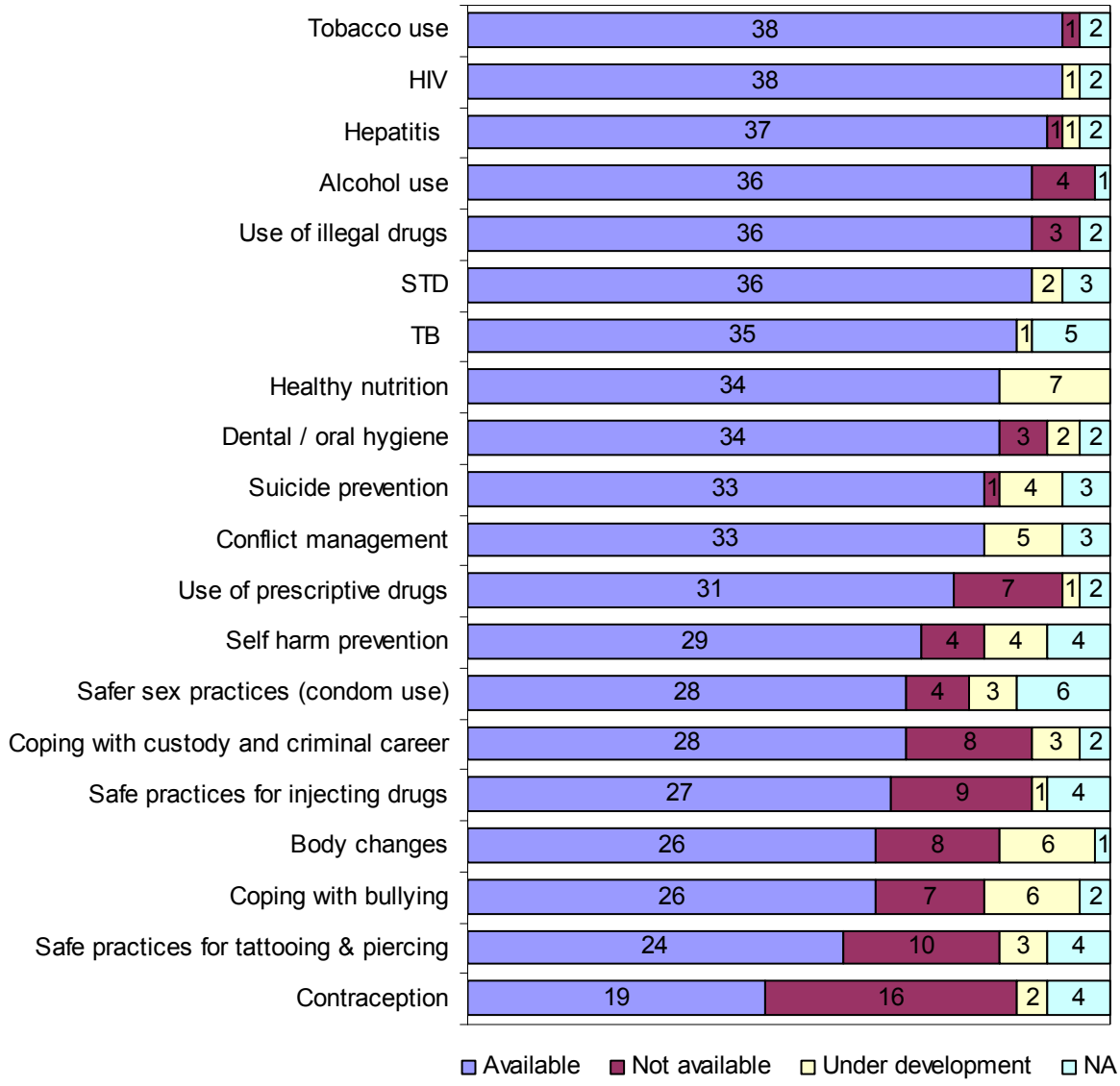
The majority of young prisoners answering the questionnaire are at their first experience in prison (78 persons) and serving a final sentence (73 persons).

4.1.2 Health promotion

Prison staff answering the questionnaire (41 persons) indicated that young prisoners are able to play sports outside and in the gym, have at least 1 hour of exercise each day and are able to see a doctor when they feel sick.

Regarding the availability of health promotion activities, prison staff indicated that all areas investigated by our research are covered, in different proportions. The highest scores were registered for tobacco use, HIV and hepatitis prevention, alcohol and illegal drugs use, sexual transmitted diseases and tuberculosis (see Graphic 3).

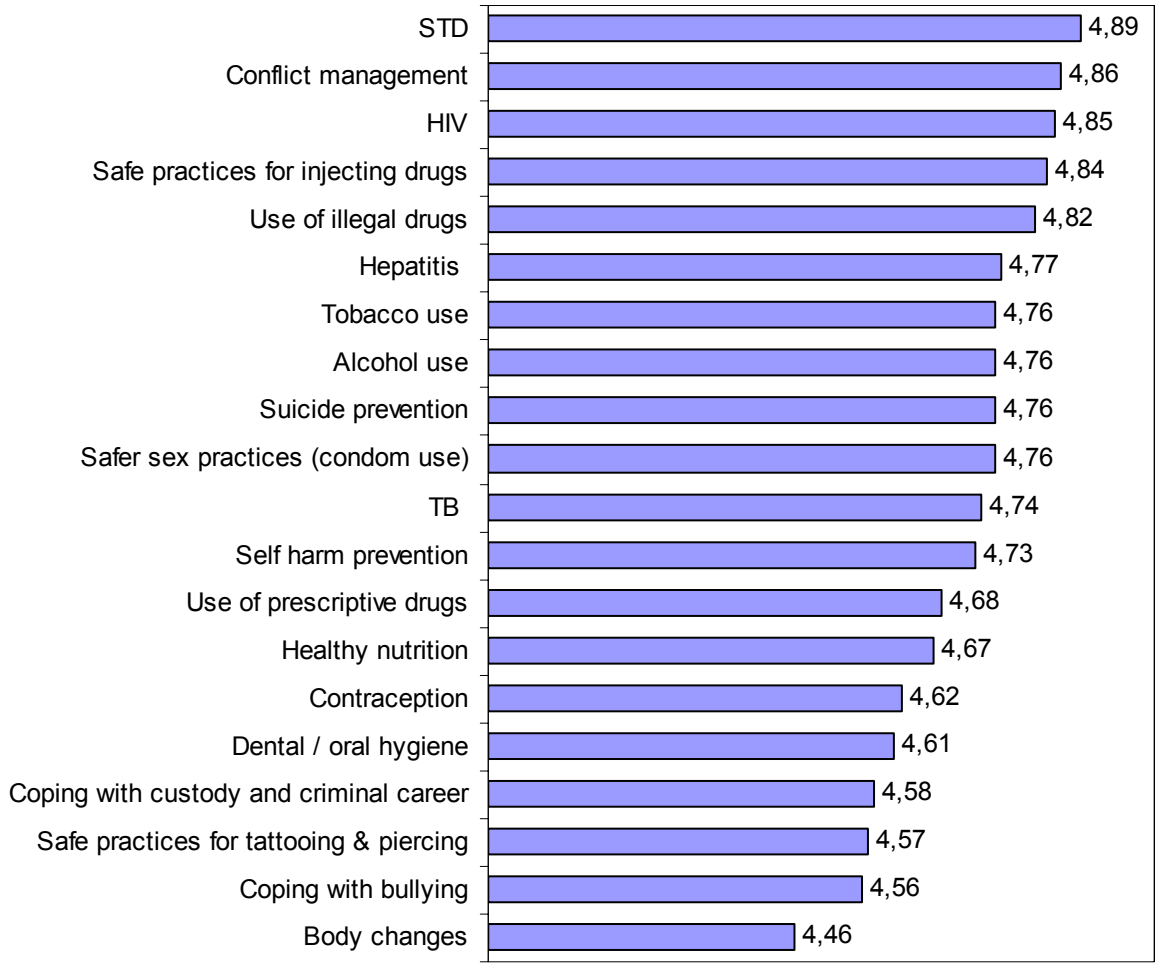
Graphic 3. Availability of health promotion activities according to staff



All health promotion activities under discussion are considered highly important by the prison staff, as it is shown in Graphic 4. The figure presents hierarchically the means of the Likert scales for the vari-

able “importance to provide health promotion activities for young prisoners”, 5 representing the positive pole (“very important”) and 1 the negative pole (“not important”). With one exception, all means are situated above 4.5. Comparing with the previous variable, it can be interpreted as a disparity between what prison staff considers is desirable and what is happening in the reality. For example, in spite of the fact that certain health issues are considered important (such as coping with custody and criminal career, safe practices for injecting drugs, body changes, coping with bullying, safe practices for tattooing and piercing or contraception), they are not sufficiently covered by health promotion activities (comparison between Graphics 3 and 4).

Graphic 4. Importance given to health promotion activities by prison staff

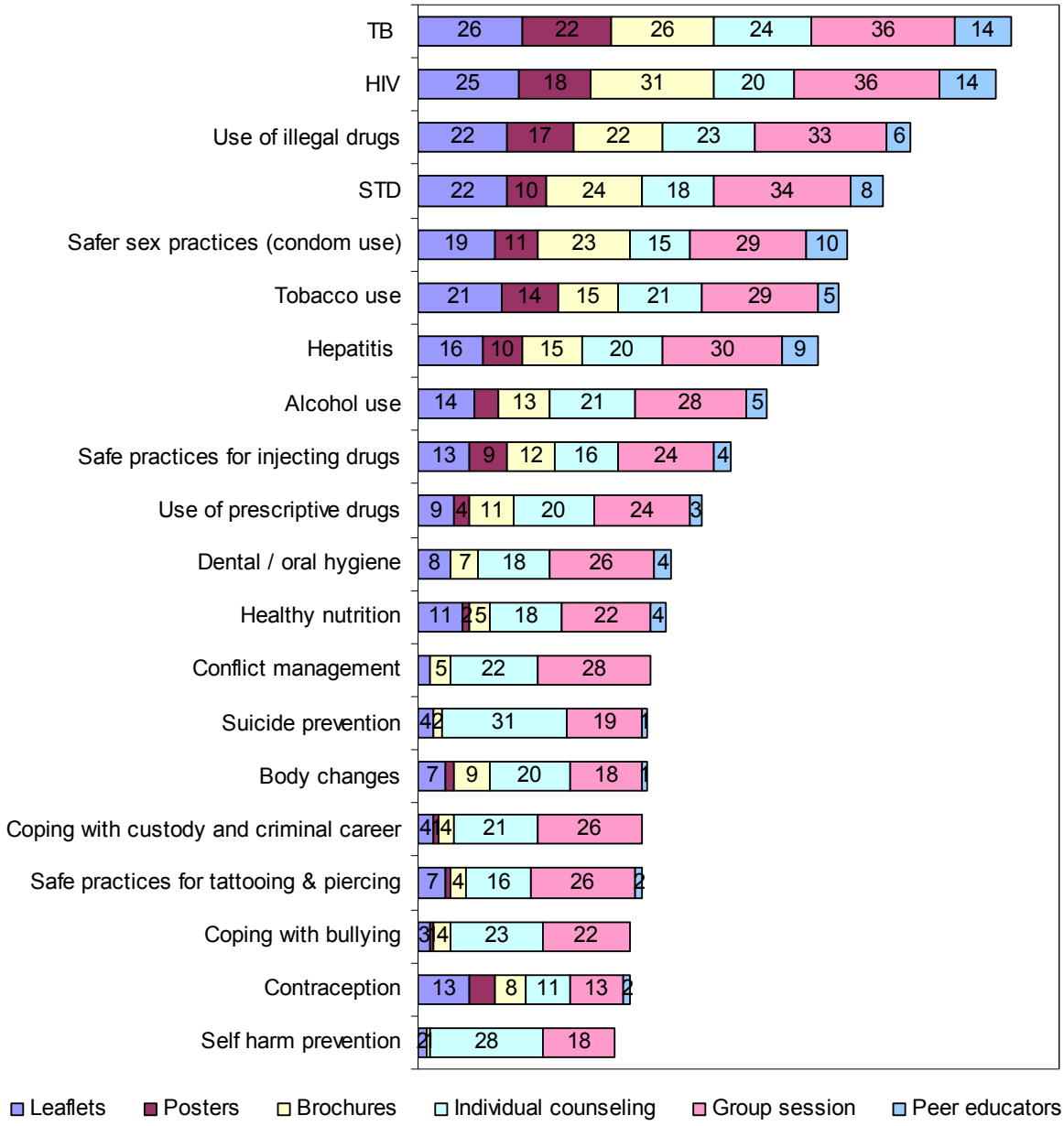


The methods of health promotion delivery mostly used are individual counseling and group sessions (see Graphic 5). The restriction of funds forces detention units to use the resources that are regularly available, meaning human resources, although even these are undersized compared with what is needed. Leaflets, posters and brochures are used if they are available from external sources. Also, despite the fact that peer education is seen as a good method, it is in fact the least used one because of some difficulties in implementation, as it will be discussed later.

Health issues such as tuberculosis, HIV, use of illegal drugs, sexual transmitted diseases, safe sex (condom use), smoking and hepatitis are approached triangularly by the prison administration in part-

nership with other actors: international organisms, public sector institutions and non-governmental organizations. These areas have the best health promotion coverage, as it is shown in Graphic 5, due mostly to the different programs and projects which have been implemented in the past decade in Romanian detention units. As the HPYP literature review on Romania has shown, the National Administration of Penitentiaries has received the financial and technical support from organisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United Nations Office on Drugs and Crime.

Graphic 5. Methods of delivering health promotion activities

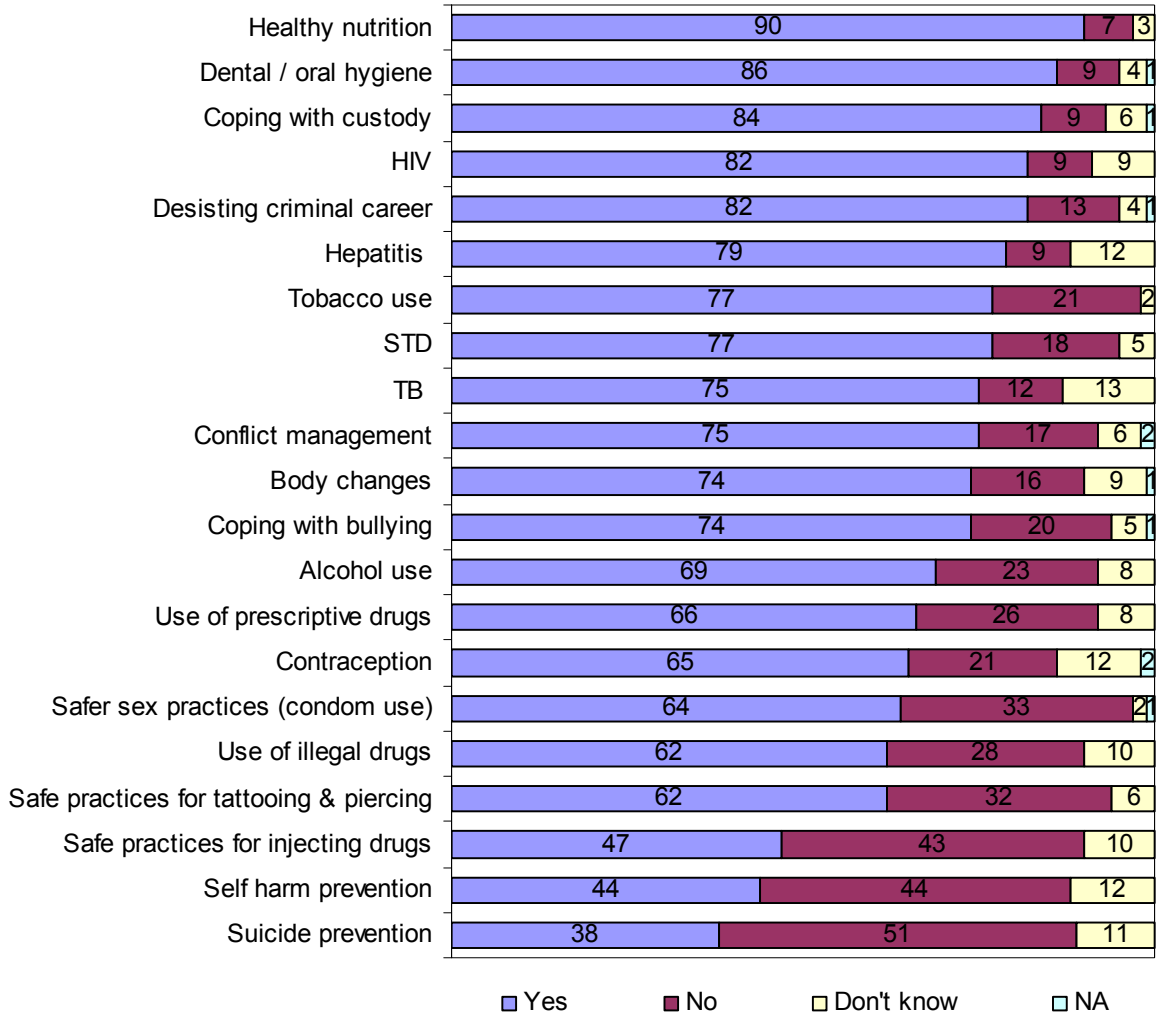


When comparing the data collected from prison staff with those collected from young prisoners, disparities are arising. Health issues that young prisoners find important and are keen to know about (such as healthy nutrition, dental / oral hygiene, copying with custody and criminal career, managing conflicts and copying with bullying) are insufficiently covered by the detention units included in the

study (comparison between Graphics 5, 6 and 7). On the one hand, detention units have to focus on aspects that have to do with the management of large prison populations. Also, we have to keep in mind that the external support coming from different organisms, institution and organizations stresses on issues that occupy the public agenda. On the other hand, it is clear that the health issues previously mentioned are more important on an individual level, affecting the day to day life of prisoners. Also, besides the fact that young prisoners are interesting in knowing more about these health issues, they also want to see that the institutional deficiencies related to them are solved, as it will be discussed later.

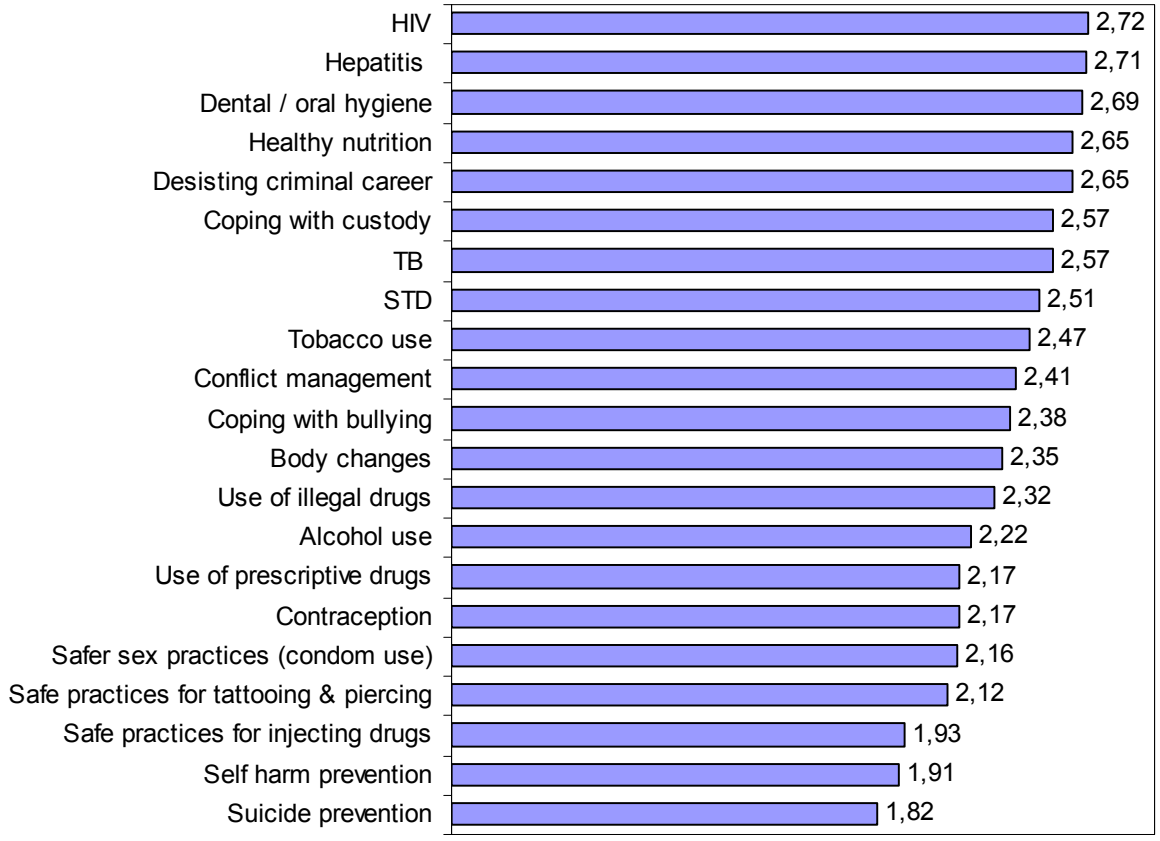
Young prisoners tend to be disinclined to speak readily about some of the health issues under analysis (see Graphic 6). Aspects such as the sexual life, use of illegal drugs, tattoos, piercing and self harm are not easily talked about, being forbidden in general. Thus, the behavior ban imposed by the prison administration is reflected in their discourse as well. This doesn't mean that young prisoners don't have sexual intercourse with other inmates while in prison, don't use drugs, don't tattoo themselves, don't have piercing or don't harm themselves while in custody. In fact, young prisoners are seldom exposed to such experiences.

Graphic 6. Do young prisoners want to know more about health issues?



There seems to be certain congruence between young prisoners' need to know more about different health issues and the importance they grant to these aspects (comparison between Graphics 6 and 7). In general, young prisoners want to know more about health issues that are important to them. Also, young prisoners recognize the importance of all health issues under research, as it can be seen in Graphic 7. The figure presents hierarchically the means of the scales for the variable "importance", 3 representing the positive pole ("very important") and 1 the negative pole ("not important").

Graphic 7. Importance given by young prisoners to health issues

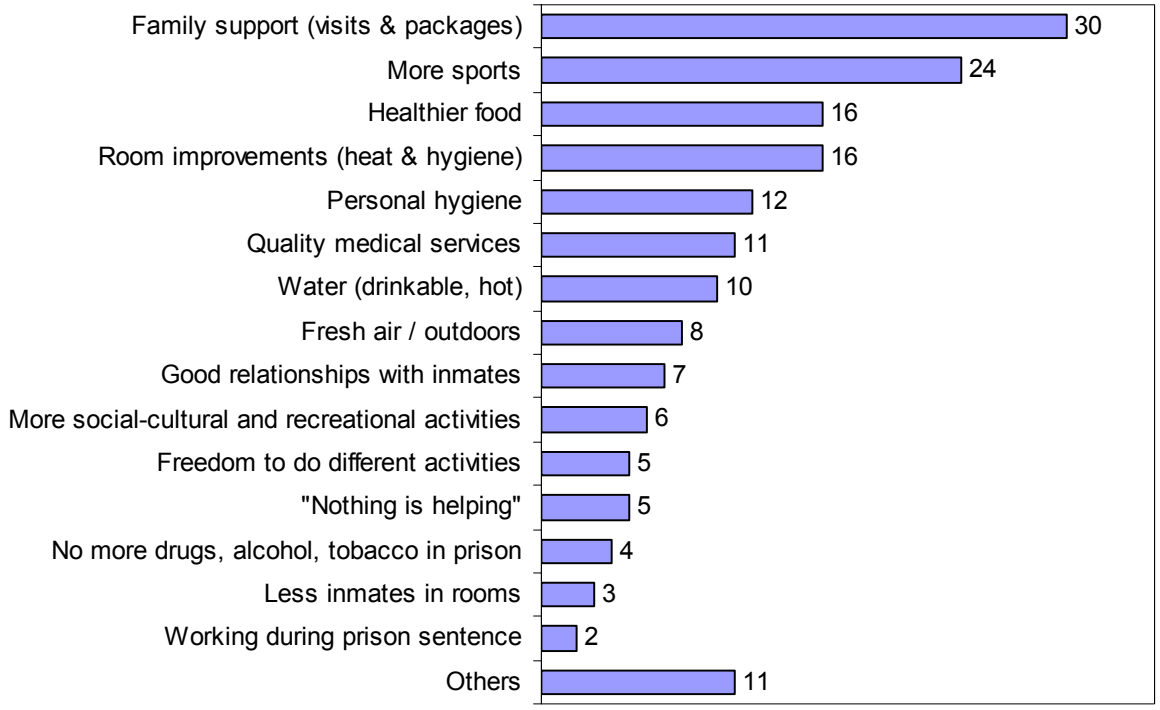


Feeling healthy while in custody is dependent on both individual and institutional factors. Young prisoners feel healthier when they receive the emotional and material support of their family. This factor scored highest, as it can be seen in Graphic 8. As an individual factor, family support is available were relationships exist and are stable. But, this factor can also be influenced institutionally. For example, in the case of female prisoners, detention units are few and sometimes located far from the families' place of residence. This makes visiting hard, especially if the family is confronted with financial strains.

The same equation applies to other aspects identified by prisoners. Doing sports or outdoor activities can be seen as a matter of personal will, but even if the will is present it can be sometimes difficult to access such services due to the fact that, in general, Romanian detention units lodge large populations and have few spaces where such activities can be provided. In what concerns the food, it is true that young prisoners tend to make unhealthy choices when doing the grocery, but there are also complaints about the quality of the three-meals-a-day provided by the prison administration. Keeping the room clean and the personal hygiene also depend on prisoners' lifestyle and their level of wealth, but

cleanness is also hard to keep in rooms that host a high number of persons and if hot water is not available on a daily basis due to scarce institutional resources. The budgetary restrictions that Romanian detention units are facing also reflect on the quality of the medical services. As it was discussed in the HPYP literature review on Romania, though the infrastructure of the medical network exists, the main persistent problem is the high deficit of medical staff. Besides this, other institutional impediments are the insufficiency of specialists, the lack of continuous training programs for the medical staff, insufficient funds for the proper equipment of medical facilities and poor access of prisoners to the community medical care network. These institutional factors have direct repercussions on the health of prisoners and its perception. Young prisoners also identified other aspects that can contribute to the improvement of their healthy feeling while in custody: maintaining good relationships with other inmates, participation in social-cultural activities, more freedom to do different legal activities, the absence of illegal drugs, alcohol and tobacco in prison and working.

Graphic 8. Aspects that help young prisoners feel healthier in custody

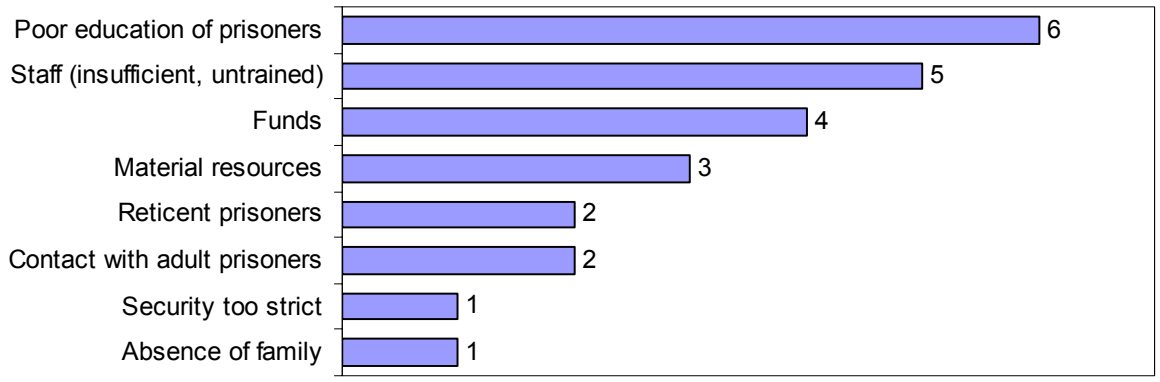


As mentioned previously, all these aspects have a double edge. Health promotion activities are important to increase the knowledge base of prisoners in what concerns their personal choices. They are meant to enable young prisoners to make the right decisions when it comes to acting in a healthy or unhealthy manner. But for these activities to have the highest effect, it is needed for detention units to provide the necessary space, means and human support.

As it can be seen in Graphic 9, besides the individual deficits of young prisoners, such as poor education and withhold in participation, prison staff also identified institutional barriers to implementing health promotion for young prisoners: insufficient and untrained staff, deficit of funds, scarcity of material resources and young prisoners' exposure to adult models. It is important that custody, be it remand or as a sentence, does not affect the health of prisoners as a consequence of institutional defi-

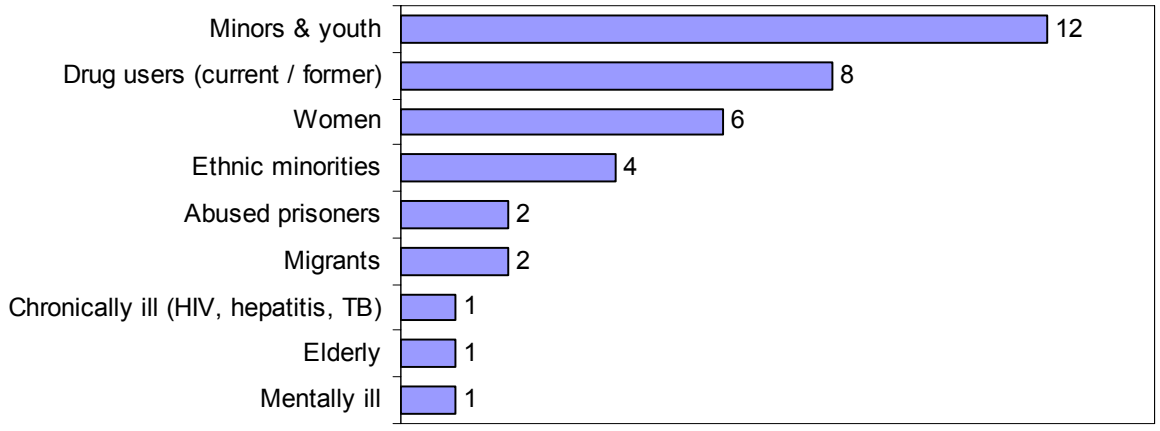
ciencies. Where such deficiencies are present, they must be acknowledged and resolved so as to provide the necessary basis for the implementation of further health promotion.

Graphic 9. Barriers to implementing health promotion for young prisoners



The issues of ensuring a healthy prison environment and implementing further health promotion activities apply even more so in the case of young prisoners, whom are considered by the prison staff a vulnerable group (see Graphic 10). Minors and youth are at the beginning of their life and lack the necessary experience in taking the right decisions in what concerns their current and future health status. They are also prone to exposure to different influences. Other categories of vulnerable groups identified by prison staff to receive special health promotion services are drug users, women, ethnic minorities, abused prisoners, migrants, chronically ill, elderly and mentally ill prisoners. These categories have particular medical, emotional and social needs that make them subject to further health problems.

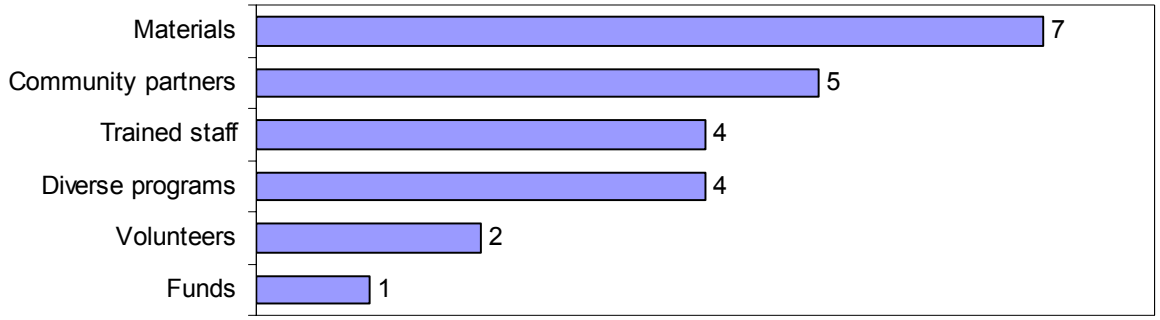
Graphic 10. Vulnerable groups receiving special health promotion services



It is clear that health promotion activities are needed in any detention unit. In what concerns the specific of the Romanian detention units participating in this research, the prison staff has identified a series of aspects that can lead to the improvement of health promotion in custody (see Graphic 11). All are institutionally dependent, stressing on the idea that the prison administration has the main responsibility in ensuring a healthy environment. If health promotion activities are to be provided qualitatively, investments are to be made in the direction of supplying funds and the necessary materials,

training the staff, diversifying the programs available, identifying community partners and attracting volunteers.

Graphic 11. Suggestions to improve health promotion in custody



4.2 Results from qualitative approaches (interviews with prison staff, NGOs and focus groups with prisoners)

4.2.1 Young prisoners' representations on health

Health is reflected as a dual concept in the representations of young prisoners – it means both physical and mental wellbeing. A healthy person is seen as being physically fit, having a harmonious body and being able to express positive feelings. The physical aspects of health are granted the highest importance, especially the visible ones – the presence of an illness is recognized by perceivable symptoms. Although the mental and emotional aspects of health are placed on a secondary level, they are easily mentioned. Young prisoners are conscious that the body and the mind are connected and that the state of one affects the other.

Meanings of health: "To have a healthy body"; "Not to suffer from any illness"; "They go hand in hand – the physic and the psychic. If I feel morally well, I also have the desire to live, I feel better physically"

Referrals to the drawing of the healthy person: "… ours is healthy because he smiles. For example, the eyes, the redness of the cheeks, the mouth, the tree with the sun … sports – these are related to health … A sick person cannot do sports"; "Red cheeks, he is physically strong, he is in power, he smiles, he is also strong … We ought to draw a fruit basket … Fruits, vegetables are healthy for the organism"

Referrals to the drawing of the unhealthy person: "He has many defects … is disabled … is blind, has no teeth … it's like he is crying … has wrinkles from being upset … he accumulated stress"; "has wrinkles … is haggard … the eyes are sad"

Young prisoners also associate health with human action (one's wellbeing depends on the activities in which the person gets involved) and with available resources (a healthy body consumes healthy food). Thus, health is seen as being dependent not only on choices made by the individual, but also on the structuring of the environment in which the person lives.

4.2.2 Young prisoners' health status in custody

In general, young prisoners participating in the focus groups have stated that their health status has deteriorated while in custody.

Health status while in custody: "We came here healthy and we became ill"; "– *Since you are in custody, you feel your health status has changed*? – Yes. – *In what way*? – In a bad way"; "Life here is very different. Even if we would explain, you wouldn't be able to understand. It is simply another world. We are isolated in our own universe, parallel from the outside world. It's a unique world. There are no terms for comparison. Here, instead of becoming good, we change in a bad way"; "Here, we all become even worse, we suffer in here, we miss our family and friends, our life. This is a method of becoming bad. [No matter] how stupid you are when entering here, you get out even more stupid, because there's no other way"

As mentioned in the previous quantitative analysis, the health status is dependent both on individual factors and on institutional conditions.

Many of the reasons for health status deterioration are put by young prisoners in relation to the prison environment, characterized as being problematic. They talk about the difficulty of keeping the room and themselves clean as a consequence of different skin diseases, hard to be eradicated and that contaminate the living space. Young prisoners also speak about being unable to accommodate to other inmates' habits (such as smoking habits) or illnesses (such as TB, hepatitis or HIV). In general, prison rooms host high numbers of persons. Thus, prisoners' bad habits and / or illnesses are seen as having a direct effect on the health of others. Another problematic aspect of the prison environment is the improper access to resources that maintain a healthy life while in custody: drinkable water, hot water, heating, healthy food, fresh air in the room, regular sport activities, prompt and qualitative medical care, family contact.

Problems pertaining to the prison environment, as described by young prisoners: "Problems appear even if you try to prevent them. You cannot prevent them"; "We disinfected the room countless times. It doesn't matter how much we try, it's hopeless"; "If I come healthy and they put me into rooms with mattresses filled with scab? Well, how can I protect myself from scab? … Or, I am not a smoker … until now I stayed in a smokers' room"; "We are too many and the room is too small"; "The prison should know how to prevent. I gave you that example – if he has TB and they put him in my room, this is not prevention … TB is transmitted orally. Should I stop breathing?"; "The water has too much chlorine in it, and chalk … when we wash, the skin gets dry immediately"; "We don't have heat [during winter time]. It is on for an hour or so, and than it is closed"; "At dinner time we always get hotchpotch, but it's not hotchpotch, it's leftovers from lunch: cabbage with beans, potatoes with rise and bread ... I think I never saw anyone taking this. It's not eatable. It's simply tasteless"; "We go outside [to play football] only twice a week … we lack doing sports"; "It is stressful here [refers to remand detention]. Each has his own thoughts. Think about it – we are staying locked up 23 hours out of 24, if we go out [for fresh air]. If not, 24 hours out of 24. We see the same persons day and night, day and night. How does it seem? And you cannot do anything about it. When a conflict arises, you either shut up or …"; "Why are we not allowed intimate visits? There are some of us on remand detention for about three or four years … This is why we go crazy [and] we rape people"

Problems pertaining to the prison environment, as described by young prisoners (continued): "My head hurts today and after a week I [manage to] get to the medical office. If you find the nurse … If not, you wait another week. In two weeks you get well"; "In two years I asked to see the doctor at least 100 times and I was examined on maximum 14 occasions"; "Many of our illnesses are due to the psychic … For example, I haven't phoned home for two weeks. And not just me … For two weeks the landline is broken"; "[Window visits] estrange even more the family … I am on remand detention for two years and a half, and since September I'm allowed only at the window. If I would have received visits only at the window, well, I think I would have remained alone in here"; "– *What is the most stressful aspect here*? – What isn't? Waiting is the most. Waiting … If I must go to the medical office I wait. If I go shopping I wait. If I go to the visit I wait. Where ever you go, you wait. You get used to it"

Prison staff also agrees that the health status of young prisoners is difficult to be maintained due to the structuring of the prison units. Young prisoners are seen as having special needs which require a different organization of the prison in what regards the space and the staff. For example, in addition to the classical "prison overcrowding" (and by that we mean the high number of inmates per square meter) characteristic to most Romanian detention units, other types of "overcrowding" also appear – the high number of inmates per number of prison staff and per outdoor space. Due to the fact that detention units don't have sufficient staff to supervise prisoners while outside the rooms and to the fact that social spaces (inside the institution and outdoors) are insufficient when comparing to the number of inmates, young prisoners spend most of the time inside the rooms. But, this situation cannot be generalized to all the Romanian detention units. First, the research was not conducted nationwide, thus the results refer only to the selected sample. And second, these problems are not specific to re-education centers for minors, because they are organized differently, as observed while in the field. Most of the problems previously described are found in prison for adults that have wings accommodating minors and youth, and to prisons for minors and youth.

Problems pertaining to the prison environment, as described by prison staff: "There are no free spaces, spaces in nature … There are [sport activities], but not sufficient … The structure of this prison doesn't allow [more time spent outdoors], not because we wouldn't want to or because we have something with the minors and youth. Young prisoners already have a supplement, they go out for fresh air more than the rest, but it is not enough … There are too many prisoners and too few space. Prisons for minors and youth or prison wings that lodge minors and youth should not resemble with other prisons" (psychologist, 13 years of experience)

In spite of all these institutional hardships that affect the perceived health status, there are young prisoners that acknowledge their health is also dependent to a certain degree on their individual choices. For them, health comes first – be clean and stay clean, respect the others so that you are respected, eat healthy food as much as possible, get outdoors. But these ways of thinking and acting are marginal in Romanian prisons. For the majority of young prisoners, their previous poor health education is not improved while in custody, their former bad habits are continuously exercised and prison subculture and peer pressure become pivotal when making health-related choices. For instance, there are informal rules not beneficial to the health regarding the bed in which young inmates should sleep or when and who should clean the room or wash the clothes. Also, the rationale behind the way the budget is spent is more related to the maintenance of the position within the inmates' social hierarchy, than to the assurance of a healthy life style.

Problems pertaining to the prisoners, as described by young prisoners: "[To prevent scab] we shouldn't sleep two in the same bed … We suffer from *second bed* … Meaning that the one who sleeps in the bed above is debased … The boys stay in the first one and the *girls* upstairs, in the second. We came up with this … The adult prisoners fight for the second bed … So it's useless if I or the others are clean, when the rest incline to such illnesses"; "Many feel debased. *Should I clean, should I wash the clothes? I'm giving them to the other that's more …* [refers to lower class prisoners]"; "Many know how to take care of themselves, but they don't do it … For example, if I were a smoker and a coffee drinker, my folks back home send me one million [refers to Romanian old currency] and for nine hundred I buy only coffee and cigarettes … So, for one hundred [approximately 2.5 euro] what can I buy to take care of myself? Can I buy toothpaste, a soap, shampoo?"

Prison staff confirms the fact that young prisoners' health deterioration is also connected to the choices individually made. But, a deeper analysis shows that parts of these so called "individual choices" are influenced to a certain degree by external factors such as prison culture, peer pressure, personal history and connections maintained with the outside world. In fact, the options of young prisoners are limited by external constraints, while daily decisions which negatively affect their health status are easier to be taken in contrast with those that promote a healthy lifestyle. And this applies even more so to this category of inmates, due to their age. Young prisoners take health for granted, as they are at the beginning of their life course and illness is associated with old age.

Problems pertaining to the prisoners, as described by prison staff: "Because of their way of living, being in permanent contact, switching their clothes, sleeping in the same bed, on the same sheets, these parasites are quickly transmitted. We have cases of scab, mange. We are currently fighting a small outbreak. We are trying to extinguish it, but the problem is that soon new minors will probably come with the same risk, and new cases will appear. And this happens because of precarious personal and collective hygiene. And even if we let them know what we think, they don't take it into consideration" (nurse, 11 years of experience); "[Referring to dental hygiene] You will rarely find in Romania a person that comes for a routine check at the medical office. The person only comes when problems arise. The same applies here. If you try to do a periodical check-up … you will struggle with clear refusal of many or even most of prisoners" (dentist, 11 years of experience); "They have the tendency not to grant importance to such things [refers to health education] … Treating things superficial is specific to any teenager … diseases are an area that they are not so much interested in … they think they are healthy, that nothing care happen to them … Most are optimistic about their health, as I observed … because of their age" (guard, 10 years of experience); "I don't think they are very aware [of the risks for health], but they can become aware in time" (NGO representative, 2 years of experience)

The young prisoners that are aware of the risks for health to which they are exposed while in custody are also aware of the aspects that can help them feel healthier. These aspects reflect the problems mentioned earlier regarding the factors pertaining to the prison environment and suggest an improvement of the institutional conditions and, to a smaller degree, also a change in the ways young prisoners think and act. Another observation is the fact that young prisoners' health status would improve only when both the physical and the mental are addressed. And last, but not least, the aspects described by young prisoners in the interviews are in line with the data collected via questionnaires. Most importantly for them are: maintaining the connection with the family and quality visits, better food and living conditions inside prison rooms, fewer roommates and roommates that respect hygiene rules,

better ventilation, more activities outside the prison room (either in other spaces inside the institution or outdoors), quality and respectful relations with the prison staff, etc.

Aspects that can help feel healthier, as described by young prisoners: "My wife visiting me"; "Receiving table visits, like human beings"; "No more window visits"; "Better food, hot water and being able to take a bath on a daily basis. Not to heat the water in buckets"; "Take better care of ourselves … wash out clothes each two or three days"; "If the management cannot solve the food problem, at least they should increase our package. If not the package, than the right to make purchases for a higher amount of money and [the store] displaying the real prices"; "Two in a room. Maximum two"; "More air in the room"; "It's up to us to ventilate the room, you just open the door … But when you go in the bathroom? What can you open? You don't have anything to open"; "The most important thing would be if all of us, but all, not just some … Keeping the room hygienic and clean. The room should be nice, should be painted, plastered, should not have holes [in the walls]"; "Get out [of the room] for more activities that would occupy our time"; "To have more opportunities to do sports, such as football, basketball. Go in the city, because we sometimes go out"; "Someone being genuinely interested in us [refers to the prison staff]"; "Thinking that someday it will be better. I have 15 years [of detention]. What else can I think about?"

4.2.3 Young prisoners' knowledge on health issues

Young prisoners' knowledgebase on health issues can be depicted as an "incomplete puzzle". They have information on some of the health issues under discussion, especially on those that detention units stressed via programs developed institutionally or sponsored by different national and international organisms. These are hepatitis, TB, HIV/AIDS, personal hygiene, tobacco and alcohol use. The knowledge refers to how illnesses are transmitted and how they can protect themselves against contacting them. Young prisoners also know about the rest of the health issues analyzed, either from personal experience, from the staff or from the experiences of others, but incorrect information is frequently present.

There are two aspects to be addressed here. The first one is the gap between having the knowledge regarding the risks for health, wanting to do something about them and being able to protect yourself against them. The health issues are dependent not only on the prisoners' knowledge, but also on the prisoners' will and possibility to prevent the risks. When we talk about will, it is clear that prisoners' motivation has to be developed because there are factors, previously discussed, that are undermining it. And when we talk about possibility, the reference is made to the structuring of the prison environment, which needs improvements so that more opportunities for health promotion arise.

Young prisoner on knowledge regarding health issues: "We already know about them, because there were programs that taught us how to prevent them … They were useful because we stumble into all these things, they strike us. But theory is for nothing, this is the problem. We do theory, we seat here, we talk till after tomorrow. But in practice, we go back to the same room"

The second aspect to be addressed concerns the learning channels. Young prisoners are exposed to different sources of information while in custody. Leaving aside the sources found outside the institutional space, such as the family, friends and others, the two most important sources within the prison are the staff and the other prisoners, which in certain situations exhibit forces of opposite influence. The more experienced prisoners are the primary source of information on how to think and behave

while in custody. These have a greater influence on young prisoners than the staff has, and in the process of submitting to the prison rules young prisoners become exposed to different risks for health.

Learning channels, as described by young prisoners: "– I don't believe there are conflicts that cannot be settled. – Depends on how you are provoked … If someone says bad things about your mother, sister, children and … so, I don't think this can be settled … You simply cut him. Facing the knife, no one stands. – *How did you learn to settle the conflict in this manner*? *Where*? – In prison, seeing, from the others … Talking about it, watching other conflicts"

Learning channels, as described by prison staff: "Young prisoners take information from adult prisoners, which are for them influence agents. This information is not always relevant. For example, the use of condom in preventing STD and not only: the older inmates tell them it is not manly to use the condom during intimate intercourse. These older inmates have a greater influence over them, than the specialized prison staff. The information should be delivered correctly to the young prisoners for them to react correctly" (psychologist, 13 years of experience);

4.2.4 Health promotion needs of young prisoners

According to the interviews with prison staff, there are several constant observations that can be made regarding the health promotion needs of young prisoners. One refers to the fact that there are young prisoners who need to comprehend and internalize the meaning of health and the implications of health deterioration. As previously mentioned, a part of these young prisoners are not aware of the risks for health that life in custody implies. They have a poor health education, due to a number of reasons, such as the fact that they are coming from unstructured families or they lived on the streets during their childhood. The most stringent health promotion need identified by the prison staff refers to the personal and group hygiene. There are a large number of young prisoners that don't have elementary knowledge on personal hygiene. And this case applies especially to the minors.

Meaning of health: "Before anything, we are trying to make them learn what it means to have a normal state of health, both physical and mental" (prison educator, 19 years of experience); "We have to develop their skills and knowledge regarding the main health aspects, both physical and mental" (social worker, 10 years of experience)

Hygiene: "They have problems with group and personal hygiene. They come from non-supportive social environments that didn't help them fix these notions … that are common sense for any of us" (nurse, 11 years of experience); "Young prisoners, in general, need to know before anything how to wash properly … Other health problems start from the precarious corporal hygiene" (prison educator, 6 months of experience); "They come from environments with very low material resources. Those coming from social care institutions know. But there are children coming from the streets that practically don't know what is a tooth brush … We also teach them how to use the fork, the knife – 20-30% learn here how to use them … We also develop their knowledge about illnesses, because they don't know much … they are not aware of what health needs they have " (social worker, 10 years of experience); "A part of these minors are coming from a sub-cultural area from which they didn't' receive any health education, they don't even know such a thing exists … They have problems with using the eating utensils, problems with the elementary use of the soap, not to talk about the toothpaste and others" (prison educator, 18 years of experience)

Other health promotion needs identified by prison staff concern the prevention of diseases that are contagious and imply high risks for communities of residence, learning healthy eating habits, the consequences of using drugs and the benefits of doing sports. Besides these, young prisoners also need to know how to cope with custody and criminal career.

Contagious diseases: "[Referring to health promotion needs] … the sexually transmitted diseases, hepatitis, TB and especially the diseases that are contagious or that can manifest in collectivities and that can spread in the collectivity here" (guard, 6 years of experience); "[The] young prisoners that received education in the family – for them, using the soap, using the toothpaste, being clean, looking good are common things. But even here there are problems … They are neglectful regarding sexual relations … they don't have an education regarding what to eat … they eat unhealthy food … Here I believe programs are needed to be implemented" (prison educator, 18 years of experience)

Use of illegal drugs: "Drug users have the special need for certain programs … I believe that most of all desistance, but also education in what concerns the use of needles in common and so forth" (NGO representative, 2 years of experience)

Physical activity: "The need for physical activities … you cannot get everybody out to do sports, because there are some with problems. Not necessary created by them – their material situation, psychological state … in prison it's hard and problems come in time, involuntarily. There's one that gets to you, the first time you resist, but afterwards, after some time, you cave in … I had some that stayed for a long time in the room, and they didn't go out because they were unwilling, but because they were afraid. In time, the lack of physical activities affects the psychic … you start having the impression that everybody wants to do you harm, you become aggressive, withdrawn" (guard, 2 years of experience)

Coping with custody and criminal career: "I believe they need a program that teaches them how to adapt to prison life and prepares them for release. Because they are a category of people still developing, I believe that something can still be changed … to understand were they went wrong, to understand in what environment they are in, why they are in" (NGO representative, 2 years of experience); "Their greatest need is personal safety. They must not feel fear, and if they feel threaten they must know they can signal this at any moment and nothing bad will happen. Most of the times, in reality, they feel the need to solve by themselves these problems and they come to make certain compromises" (psychologist, 13 years of experience)

4.2.5 Measures of health promotion

The measures of health promotion generally described by the prison staff address the needs previously discussed. The program that was most of the times mentioned regards the education for health, which is implemented in all Romanian detention units either by the staff, or by volunteers, and comprises lessons regarding general health issues: personal and group hygiene, transmission of contagious illnesses, their primary symptoms, types of treatments available and steps to be taken when an illness is identified. Other prevention programs are also implemented for TB, HIV, STD and drug use.

These programs are either developed by the prison administration or in partnership with different organisms, such as local public administrations, NGOs, international institutions.

Education for health: “Education for health is a program implemented by the National Prison Administration. It aims at educating prisoners on health matters … It mostly refers to the personal hygiene of inmates, to the prevention of STD or those that can be transmitted by the use of shared needles. I am referring here to drug users“ (NGO representative, 2 years of experience); “The health education program aims at understanding some rules for individual and group hygiene, understanding some illness symptoms, knowing these signs and recognizing them, so he can call the alarm. Knowing some illnesses (hepatitis, HIV, AIDS, STD), their manifestation and in a small degree what treatment means. Another objective is to learn to go to the doctor when he has a problem, not someone else” (prison educator, 19 years of experience); “They are involved in educational programs … We present to the group more topics on hygiene … They discuss on these topics. They are asked what they know about them and we explain what they don’t know” (prison educator, 6 months of experience)

TB prevention: “For about five-six years, in partnership with the National Administration of Penitentiaries, we have the *TB Circle* with interactive, individual and colloquial activities. Informing sessions were made and the program was applied with all children. Both the table lessons and the colloquial lessons went well – prevention, fight, transmission … and modules on each of them. The table [refers to an interactive table] was the most attractive … because we presented cases … there were also films and brochures” (social worker, 10 years of experience)

HIV and STD prevention: “A colleague of mine, educator, is doing an information program on preventing HIV. For almost a year she implemented it together with an association and now she continues it with the minors recently imprisoned. Information was disseminated, films were played and brochures” (social worker, 10 years of experience); “I encountered cases in which relations emerge between them, between persons of the same gender. You cannot fight them. No matter how much you try, you cannot. We are aware that these things happen and this is why we try to prevent these STD. We have programs of condom distribution that are very useful” (nurse, 11 years of experience)

Use of illegal drugs: “We have a program for former drug users … there are modules. The module provided by the social worker and the one provided by me. I personally insist on improving self esteem and offering information, even though in all modules they are offered information on the effects of drugs, on relationships, on how they can solve their problems, how to formulate an assertive message” (psychologist, 8 years of experience); “We also have for many years programs in partnership with the National Anti-Drug Agency. A counselor from them comes weekly for counseling, informing sessions with all minors, but especially with former drug users” (social worker, 10 years of experience)

Despite the availability of programs that promote health, they are characterized by prison staff as being theoretical. The opportunities for putting the elements learned into practice are scarce, due to the structure and organization of the prison environment and to the pressure of the prison culture. Also, the last stage of the learning process is sometimes missing: information is provided, but it is not always verified if it was received correctly. One type of delivering method that is seen by the prison staff as reliable in what concerns health promotion is peer education. This method tackles what we previously called the opposability of the learning channels. Young prisoners, and for this matter prisoners of all ages in general, are more trustful on what other prisoners are transmitting by ways of thinking, verbalizing and acting. But, not even this method is bulletproofed. To achieve its goals on the long run, constant recruitment of peer educators is needed, as the prison population is dynamic, both horizontally and vertically. They either are released, transferred to another prison or another detention regime,

or are no longer in the position of power within the informal social hierarchy to be listened and followed as a model. Also, it needs a proper selection of the peers, a constant supervision of the process and, like any other educational program, to be evaluated periodically. It is also important to mention that this type of delivering method cannot substitute other methods, such as individual counseling or group sessions.

Nature of programs: "All the educational programs are purely theoretical in nature. The young prisoners read brochures, participate in social-educational groups, watch the media channels available in prison, but don't have the opportunity to apply. The verification and evaluation are missing" (psychologist, 13 years of experience); "We talk to them nicely how important washing with soap is, and how important the toothbrush is. Believe me, they look at us, they fake listening and understanding, we go home and say we did our job, but in reality we did nothing" (prison educator, 18 years of experience)

Peer education: "During my activity I saw, let's say, some improvements and a certain degree of understanding when we tried to create those peer educators … And I observed that many times they are more efficient than us. This method works. But, we have to keep in mind that we are in a prison. The prison is a dynamic world, it changes every day: today five are released, ten are entering. Tomorrow the structure is already changed … [Peer education] has to be continuous and permanent. And this, if I may say so, is a pretty hard thing to accomplish. But it is a form that can be effective … The prison is an informal world, structured on certain well defined rules, their rules. How are they? They are masters, nephews, the abusers and those sexually abused. There is poverty, they share the cigarette, they use the same spoon, the same bowl … the same razor. They get tattoos: if someone succeeds in manufacturing a tattooing machine, they tattoo the whole prison and ignore anything … You see? … It's here where change needs to be made, it's here where he [refers to the peer educator] needs to be placed, only to start the spark: *Hey, this is not right*" (prison educator, 18 years of experience)

4.2.6 Particular vulnerable groups among young prisoners

Young prisoners are seen *per se* a vulnerable category among the general prison population. Even if they are accounted as liable for their actions, they are prone to different influences because they have not matured yet. Before anything, matured individuals rely on their former life experience to take decisions, and experience is gained in time. Young people search for solutions to the problems they encounter by accessing their social network.

Young prisoners in general: "This category has a certain fragility because of the incomplete structuring of their personality … Being very young, they have a poor baggage of experience, they didn't have the time to live great pains, great joys, great emotions, great accomplishments. All are incomplete, in a way" (psychologist, 13 years of experience)

Among young prisoners, there are several vulnerable groups. One category includes the prisoners that are transiting from the status of minors to adults. Within the prison system, those aged between 18 and 21 years are treated as youth, and thus still benefit from a special regime within the prisons for minors and youth, and in some special cases even within re-education centers. The young prisoners aged between 21 and 24 years serve their sentence in general prisons where they are exposed to the more experienced adults. Another category of vulnerable young prisoners includes those that have difficulties in coping with custody, due to different reasons. Among these we find the first offenders that have never experienced prison life and thus have a hard time adjusting to the prison rules. And

there are those that are not visited for long periods of time. Either their family is no longer supportive because of disapproval or financial strains, or they come from social care institutions or from the streets. A constant connection with the outside world is a factor of differentiation within the prisoners' social hierarchy. Because they are not visited, they have problems with maintaining a healthy diet, a good wardrobe, a balanced emotional state, etc. There are also the young prisoners that have mental problems or physical disabilities that prevent them from having a stable everyday life while in custody. And all are exposed to the risk of becoming victims of different types of abuses.

Young prisoners of legal age: "I believe young people are a little disadvantaged than minors … Because minors are a category somewhat protected. Young people instead are somewhere in the middle, between minors and adults. And for them nothing special is happening. It is a category of transition from being minor to being adult and that's it" (NGO representative, 2 years of experience)

Maladjusted prisoners: "The vulnerable ones are those that have difficulties with integrating in the prison environment … the first offenders (those that come here for the first time), those mentally ill and those that in time tend to have homosexual tendencies (first they are raped and afterwards they start to like it) ... Those in conflict are also vulnerable" (guard, 2 years of experience); "Minors – especially those that never entered, that are at their first entrance [in prison] – are vulnerable because they do not know what prison life means … I had many cases of sexually abused minors. Many. I would say about 90%. Only if he is physically well built, but even than he cannot withstand" (dentist, 11 years of experience); "[In the category of vulnerable youth] we include those coming from social care institutions or from the streets, or those that have not succeeded in accommodating easily to the norms here, or have a physical defect that may lead to stigmatization, or didn't keep any form of connection with the family because they are not visited, or their parents lack financial resources, or they didn't want to keep in touch" (psychologist, 8 years of experience)

Another category of vulnerable young prisoners are the drug users. Leaving aside the fact that dependence itself is an illness, it also puts prisoners in situations that further dangers their health. In addition, it negatively affects the prisoners' ability to develop and maintain their social relationships inside and outside the prison, and hinders them from coping with custody. As with other vulnerable groups, drug users are susceptible to victimization from part of other inmates. They are used and abused, sometimes without the knowledge of the staff, because of the so called "code of silence".

Drug users: "A new category is emerging nowadays, one that we haven't confronted until present – the young offender using drugs. He comes more or less stable and enters prison to become a victim. We recently had such a case, a so called *rich kid* that inmates intimidated as soon as he entered prison, blackmailing him to grant certain material favors (for example, to buy cigarettes) in exchange for not harassing him. It was a happy case because we knew about it. It can happen that young prisoners do not talk about these aspects" (psychologist, 13 years of experience); "Vulnerable persons could be the former drug users, because they have another state of mind, they live in another world. Coming from the outside drug world they become agitated and vulnerable when entering here … Many were not visited for a long time and they become aggressive … the lack of contact with family members makes them vulnerable" (guard, 2 years of experience); "We currently have a group of minors, former drug users" (prison educator, 19 years of experience); "There are in fact vulnerable groups, some have mental disorders, others are former drug users" (nurse, 11 years of experience)

Drug users (continued): "[Former drug users] are generally coming from families that neglected them … I'm not wrong if I say that 80% of all minors imprisoned here are coming from such families. The neglect is present in more cases than physical abuse is, and the sexual abuse is even more rare. I can say that neglect is clearly one of the reasons for most of them being here. And neglect is seen in the cases of former drug users more than in any other category. The rebellious age … they want to feel the thrill, to be accepted by their friends" (psychologist, 8 years of experience)

Other categories of vulnerable groups among prisoners, either young or adults, are the women, the migrants and the minorities. Their vulnerability stems from their different needs, which are sometimes hard to be met while in custody.

Others: "Women … Because women have more specific needs than men do … I'm thinking of pregnant women … The migrants cannot have access to any of the programs because many do not know the language, do not even know English and I believe they need programs specially adapted to them. And minorities more or less – I think they can represent a vulnerable group if we think about discrimination and so forth, but I did not noticed this happening" (NGO representative, 2 years of experience)

4.2.7 Cooperation with external actors on health promotion

The policy of the National Administration of Penitentiaries regarding cooperation with external actors is an opened one. According to data available on the institution's website, ANP has approximately 50 cooperation protocols signed with public institutions and private organizations. The areas covered through these protocols are diverse and respond to the needs of prisoners and prison staff. In what concerns health promotion, the cooperation with external actors is focused on the provision of financial, material and human resources needed to deliver programs and services. From the examples given by interviewees, the partnerships cover issues such as prevention of drug use and different diseases, maintaining and improving the family support, social integration and moral-religious counseling.

Examples of partnerships: "There are partnerships with NGOs, especially for the prevention of drug use … Specialists from the National Anti-Drug Agency are included in different programs. They have a topic regarding health and they come to present it … We present to them what the needs of the prisoners are and they come and help" (prison educator, 6 months of experience); "We cooperate with the Public Health Direction … They participate in debates and promote our programs" (nurse, 11 years of experience); "With the high schools in the community (three of them), with moral-religious associations (we visited and even went on vacations at monasteries)" (social worker, 10 years of experience); "Most [of the partnerships] are with moral-religious associations that come to do activities, such as moral-religious counseling, but also sports, contests with children from the community … With the town hall … there was a community access program … minors from here went in the community in different families … or they simply helped needy families … One association paid the ticket of the parents living far. We have girls from all over the country and girls are first of all the ones not visited. And they succeeded in getting in touch with many of these needy families, this being the reason for not wanting to come" (psychologist, 8 years of experience); "We have a cooperation protocol sign with the National Administration of Penitentiaries … Based on this protocol we have access to any prison in the country, meaning our volunteers have access. They sign with us a volunteering contract and in there a confidentiality agreement … they can go in series or in pairs, and can implement programs, especially those assigned by ANP or the prisons" (NGO representative, 2 years of experience)

One characteristic of these collaborations is that they are mostly localized, especially in what concerns private organizations. There are cases in which local private actors are few or lacking, and thus detention units need to rely on the public institutions preset or on their own resources.

4.2.8 Barriers in implementation and suggestions for improvement

Implementing health promotion is hindered by several factors pertaining both to the institution and to the prisoners.

The most common institutional factor affecting the prison system as a whole is the shortage of staff and funds. As it is mentioned in the 2010 report of the National Administration of Penitentiaries "the occupancy of jobs is about 79% of the total 15,500 jobs provided" (ANP, 2010, 6). The same report also mentions that "the inherent major difficulty for the guarantee of the right to health care is the shortage of medical staff with high and secondary studies. For a prison population of about 28,244 detainees, health care is provided by a total of 777 medical staff" (idem, 22). The same situation applies to the staff activating in the psycho-socio-educational sector, where a number of 650 persons were working in 2010 (idem, 55), in this category being included social workers, psychologists, educators and other professionals with responsibilities in the implementation of psycho-socio-educational programs. In what concerns the budgetary constraints, the previously mentioned report states that the institution's budget decreased by 6% in 2010 as to 2009, the chapter most affected being the one concerning goods and services (idem, 30). These deficiencies are reflected in the interviews.

Shortage of staff: "We try to do many things, but still, at some moment we cannot, due to the lack of staff. The goodwill exists from each and everyone … We are overloaded. There are enough programs on diverse topics, but the lack of staff hinders sometimes the implementation in good conditions" (nurse, 11 years of experience); "First of all the lack of staff. Because there is not sufficient staff, there are not enough ways to reach the prisoners … As we know, we have 2-3 social workers for more than 1000 inmates, the same for psychologists. They are the ones implementing the programs and it is practically impossible to split between so many prisoners. And there are also the tight spaces, few spaces and small that limit the access of prisoners to the programs" (NGO representative, 2 years of experience); "We need more staff because we are few. There are 400-500 inmates and the shift has 20-25 persons… If there were more sport monitors working with the cultural sector, there would be more persons getting out of the rooms, they would double. Instead of getting out once a week to play tennis, they would go out two or three times a week" (guard, 2 years of experience)

Shortage of funds: "One problem is our lack of funds. For the school we don't have funds. Until now we managed with partnerships" (social worker, 10 years of experience); "The lack of funds obstructed many activities … For the supplies and what else we need we managed, because it is compulsory to manage. School starts and we don't have pens – we have to buy" (psychologist, 8 years of experience); "Other obstacles regard the financial matters, because we lack external resources. We have the gym that is equipped as it is, but we could do better … Only one room can get out to the gym, two are too much in the same time" (guard, 2 years of experience)

Another factor that acts like a barrier in the effective implementation of health promotion is the lack of coherence among prison staff. One suggestion made by an experienced prison psychologist is that young people learn better by following models rather than by participating to different types of lessons which are more or less theoretical in nature. In practice, the programs that are promoting healthy be-

haviors are implemented by specialized staff (e.g. medical or psycho-social-educational). For these programs to be effective, the rest of the prison staff coming into contact with young prisoners should promote the same principles in their own behaviors, as they are also agents of socialization. If we look at the prison as a "total institution" (Goffman, 1961), where prisoners are forced to share a common place to work and to live for different periods of time, it is important to understand that each and everyone of the prison staff, as individuals, become responsible with promoting healthy ways of behavior.

Lack of coherence among the prison staff: "Between those responsible with prison security and those specialized in social-educational matters there should be coherence. The psychologists should not behave in a certain way, and the guard tougher … Young persons should be exposed to worthy models … If the young prisoner goes to a lesson regarding the negative effects of smoking or to a lesson about hygiene, but sees the guard smoking or throwing the stump on the floor, it is not beneficial, because the model is important. Even if suggestions are made informally and the young person keeps in mind what is not good to do, the model counts" (psychologist, 13 years of experience)

In what concerns the factors pertaining to prisoners, one that hinders the implementation of some of the health promotion programs currently available in Romanian detention units is the low education level of young prisoners. According to data included in the 2010 report of the National Administration of Penitentiaries, 8.6% (amounting to 2,421 prisoners) of the total prison population were attending school, out of which 43% (amounting to 1,034 prisoners) were attending at primary level (ANP, 2010, 52-53). Data regarding the age group 14-24 years are not available, but it is important to note the high percentage of prisoners attending primary classes out of the general population attending school. This means that within all age groups there are prisoners with basic educational needs. And it is safe to assert that the real percentage of prisoners with low education level is even higher among all age groups, as the abovementioned indicator reveals only data regarding those prisoners that materialized their wish to receive education by attending school. This assertion is in line with statements made by the prison staff: many young prisoners lack a minimum education, which in turn hinders the implementation of different programs and the provision of services.

Prisoners' low education level: "Most of them [refers to the under-aged prisoners] … lack a minimum education, if they are not at all illiterate … and we try to speak on their own language so they would understand" (nurse, 10 years of experience); "Their low educational level … they don't understand" (prison educator, 6 months of experience)

Other factors that act like barriers for the effective promotion of healthy behaviors are young prisoners' low interest regarding these issues, their lack of cooperation with prison staff and their different priorities. To a certain limit, young prisoners' low interest on health matters is understandable. As mentioned previously, young people in general have the belief that they are safe from the risk of becoming ill due to their young age. Thus, they are less interested on matters that concern the perspective of illness or the risks posed by unhealthy behaviors and life decisions. To these it is added their general averseness towards the requests, recommendations and suggestions of prison staff and their different priorities when it comes to taking healthy decisions, both of which are generated by the pressures of life in prison. Genuine participation to prison programs is difficult to be reached. In general, we can either talk of non-participation (meaning that prisoners do not enroll in prison programs) or of formal participation (meaning that prisoners enroll into programs, but do not pay attention, disturb the activities or show interest only when they receive incentives). These can be seen as forms of resistance,

fact which is also understandable to a certain extent, as prisoners can actually be regarded as a special type of "involuntary clients". Prisoners' cooperation can be gained with a shift of perspective. They can become "voluntary clients" when the environment feels secure enough to open, their emotions and reactions are acknowledged, the communication is straightforward and authentic and the grounds for their resistance are identified and taken into consideration.

Prisoners' low interest, lack of cooperation and different priorities: "The lack of interest from part of the prisoners" (prison educator, 6 months of experience); "They are mostly interested to participate in activities, such as the one for TB, in which they receive a pen, a notebook. It's something. If I tell them: *Let's do something about the oral hygiene, to make a contest – the room where inmates have the cleanest teeth*. It would never happen … I was at the [prison] shop one day and out of 20 persons I don't know if I saw one [of them] buying toothpaste. Instead, a cigarette box was sold. And the lady seller is bringing both cheaper and more expensive toothpaste … Some years back we had a collaboration through which we were able to receive tooth brushes, toothpaste that we practically gave prisoners without keeping a strict record. No matter how much or when, we gave them … but they did other things … the toothpaste with spray and sugar forms a cocktail with narcoleptic effects, like a drug … The ones aged 17, 20 years, up to 30 years are the hardest patients to treat. Why? Everybody knows that for the treatment to have the wanted effects, doctor-patient cooperation is needed. Unfortunately we cannot talk about this, no matter how much you try … there is a lack of cooperation from their part … it's like struggling with the windmills" (dentist, 11 years of experience)

Having in mind all these factors that act as barriers in the implementation of heath promotion programs for young prisoners, a series of suggestions for improvement became clearer. The first and most important of them concerns the management of prison staff, and more specifically: hire more staff so as to cover all prison sectors, use scrutiny in the recruitment process so as to hire the best of the best, organize initial and continuous training so as staff get specialized in working with young prisoners. Other suggestions concern expanding the cooperation with outside actors that can provide support in these matters and developing health promotion programs specific for young prisoners.

Institutional changes: "Hiring staff, at the structural level – expanding the spaces, modernizing the prisons, training the staff to know how to attract, to know how to work with them, better cooperation with associations, foundations, different NGOs that are involved in such projects … Active involvement of the staff, more use of volunteers … and creating programs specific for them" (NGO representative, 2 years of experience); "This is one of the keys for success – the recruitment of staff for the work with young people should be made thoroughly and with responsibility" (psychologist, 13 years of experience); "My suggestion would be to have sufficient staff in all sectors. Each sector has lots of programs in place, but they are not operating at 100% capacity, maybe at 75% or even less than 75%. My opinion is not unilateral" (nurse, 11 years of experience); "Maybe more partners, new organizations should be attracted" (social worker, 10 years of experience); "Staff should get closer to this category of minors and youth. This would be a key change that would help not only at improving health promotion, but also other services provided" (NGO representative, 2 years of experience); "Even if they have educational deficiencies, in what concerns the affective communication they are highly receptive" (psychologist, 13 years of experience)

One particular recommendation with great implications in the development of an effective health promotion toolkit concerns the delivering methods. Several principles should be taken into account when

choosing and / or developing methods for delivering programs that target young prisoners. These methods should employ young prisoners' creativity and boost their communication skills, make connections with the real life so as to strengthen the learning outcomes, use technology where and when it is allowed or considered appropriate, and last but not least create opportunities to develop, maintain and benefit from the community support.

Delivering methods: "They participate in programs or groups more or less therapeutic where their attitude is static … I would not stop at posters, I would make stories, stories from real life … It would be good for them to write. We have stories in the psycho-therapeutic manuals, but they can compose themselves and afterwards tell them to someone with talent, an editor, a writer that can put them into a form of presentation, because they are stories from real life … I'm against this idea [of using video formats], because it resembles a prefabricated product. The idea is that between the movie and the spectator … the intersection should be consumed midway, because the spectator is just product consumer. He does not make any effort ... We now have an interactive online program about TB, where the prisoner makes an effort … I truly believe in the interaction between the prisoner and the software, because they are very much attracted but these sort of things" (psychologist, 13 years of experience); "Instead of reading to them, they ketch up easier if you get them involved, if you put them to do something … We should find a way to relate with them on this topic … a common language" (prison educator, 6 months of experience); "There is currently a lot done inside, there are educational programs done on a daily basis … Maybe we should have activities in the community where they can learn together with minors their age … If we would do more activities in the community, by meeting children their age, I assume they would learn better and more" (prison educator, 19 years of experience)

5. Conclusions

The research focused on assessing the process of health promotion delivery in Romania among young prisoners by using quantitative and qualitative methods. The analysis of both types of data showed similar patterns and a series of general conclusions can be outlined:

- The most stringent health promotion need identified by the prison staff refers to the personal and group hygiene. A large number of young prisoners don't have elementary knowledge on personal hygiene, this case applying especially to minors. Other health promotion needs of young prisoners concern the prevention of diseases that are contagious and imply high risks for a community of residence such as prison, learning healthy eating habits, learning the consequences of using drugs, the benefits of doing sports and how to cope with custody and criminal career.

- The areas of health promotion best covered concern issues such as prevention of tuberculosis, HIV and hepatitis, condom use and sexual transmitted diseases, tobacco, alcohol and illegal drugs use. These areas are approached triangularly by the prison administration in partnership with other actors, different programs and projects being implemented in the past decade. Other issues that prison staff find important (such as body changes, contraception, coping with custody and criminal career, coping with bullying, safe practices for tattooing and piercing) are insufficiently covered by health promotion activities. Some of the health issues that young prisoners find important (such as healthy nutrition, copying with custody and criminal career, managing conflicts, copying with bullying) are also insufficiently covered. The methods of health promotion delivery mostly used are individual counseling and group sessions.

- Young prisoners' knowledgebase on health issues can be depicted as an "incomplete puzzle". They have information on some health issues, especially on those that detention units stressed via programs developed institutionally or sponsored by different national and international organisms (hepatitis, TB, HIV/AIDS, personal hygiene, tobacco and alcohol use). Young prisoners also know about other health issues, either from personal experience, from the staff or from the experiences of others, but incorrect information is frequently present.

- Despite the availability of programs that promote health, they are characterized by prison staff as being theoretical. The opportunities for putting the elements learned by young prisoners into practice are scarce, due to the structure and organization of the prison environment and to the pressure of the prison culture. Also, the last stage of the learning process is sometimes missing: information is provided, but it is not always verified if it was received correctly.

- Young prisoners associate health with human action (e.g. one's wellbeing depends on the activities in which the person gets involved) and with available resources (e.g. a healthy body consumes healthy food). Health is thus seen by young prisoners as being dependent not only on personal choices, but also on the structuring of the environment in which they live. Most of the young prisoners have stated that their health status deteriorated while in custody. Many of the reasons for health status deterioration are put by young prisoners in relation to the prison environment, characterized as being problematic. Prison staff also agrees that the health status of young prisoners is difficult to be maintained due to the structuring of the prison units. Young prisoners are seen as

having special needs which require a different organization of the prison in what regards the space and the staff. There are also young prisoners that acknowledge their health is also dependent on their individual choices. For them, health comes first – be clean and stay clean, respect the others so that you are respected, eat healthy food as much as possible, get outdoors. But these ways of thinking and acting are marginal in Romanian prisons. For the majority of young prisoners, their previous poor health education is not improved while in custody, their former bad habits are continuously exercised, while prison culture and peer pressure become pivotal when making health-related decisions. Prison staff confirms the fact that young prisoners' health deterioration is also connected to the choices individually made. But, a deeper analysis shows that parts of these individual choices are influenced by external factors. In fact, the options of young prisoners for healthy behaviors are limited by external constraints, while daily decisions which negatively affect their health status are easier to be taken.

- The most common institutional barriers for the implementation of effective health promotion activities are the shortage of staff and funds. Another factor that acts like a barrier in the effective implementation of health promotion is the lack of coherence among prison staff. In what concerns the barriers pertaining to prisoners, one that hinders the implementation of some health promotion programs currently available in Romanian detention units is young prisoners' low education level. Other barriers are their low interest regarding health topics and their resistance in cooperation with prison staff.

These research results should be regarded as a starting point in the development of an effective health promotion toolkit. Several principles are to be taken into consideration for its design:

- *Easy to use by staff and prisoners*: The toolkit should be easy to use by different types of professionals (social workers, educators, nurses, psychologists, etc.), as well as by the prison staff and partners from the community. It should also be easy to use by young prisoners, given their general low education level (simple exercises, using examples, etc.)

- *Employ stimulating methods*: The learning process should be facilitated by methods that boost young prisoners' communication skills and creativity. The exercises should be constructed so as connections with the real life are made easy. If resources are available and it is considered appropriate, technology should be used (such as interactive boards, computer-assisted activities).

- *Include advices for the implementation team*: The toolkit should include instructions for its implementation, the needed skills and tips for working with young prisoners. It can also comprise a small package for training the staff.

6. Attachments

Attachment 1 – Research ethics principles

- The dignity, rights, safety and well-being of participants must be the primary consideration in any research study.
- Informed consent is at the heart of ethical research.
- To ensure adherence to the ethical guidelines and maintain the rights of all participants involved:
    - Participants shall be made fully aware of the true nature and purpose of the study.
    - Participants will have given their explicit consent to take part in the study.
    - Participants will be informed at the outset that they can withdraw themselves and their data from the research activity at any time and they must not subsequently be put under any pressure to continue.
    - In any situation where an interpreter is used they should be independent of any of the organisations participating in this study.
    - Processes shall be in place to ensure that the rights of those participants who may be unable to assess the implications of the proposed work are safeguarded.
    - Any data collected will be anonymous. It will not be used to identify participants in any way and will be stored in a secure place to maintain confidentiality.
    - All those involved in the collection of data and facilitation of access to the participants will be made fully aware of the above guidelines.
    - If interviews are tape recorded, interviewees must agree to being recorded, be made aware of this and reassured that all tapes will be stored in a secure location to ensure their confidentiality.

Attachment 2 – Questionnaire for prison staff

What is the HPYP project about?

The EU funded project "Health Promotion for Young Prisoners" (HPYP) is conducted in cooperation with partners from the seven European Member States Bulgaria, Czech Republic, Estonia, Germany, Latvia, Romania, and United Kingdom. The HPYP project aims to develop and improve health promotion for young people in custody. It specifically aims to develop and implement a health promotion toolkit for young people in prison and other secure settings.

What do we mean by health promotion in custody?

By health promotion we mean any activities, programmes and initiatives aiming to raise awareness and to develop skills in preventing and promoting physical, emotional, mental and social health of individuals and groups in custody. This includes a wide range of health promotion aspects that can be addressed in custody ranging from regular sports to informative sessions for young offenders on alcohol, tobacco and drug use, training in right dental/oral hygiene, interventions as regards to mental health needs, self harm and suicide to training on conflict management.

The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This questionnaire is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.

1. **Please indicate your gender:** ❒ Male ❒ Female

2. **Please indicate which of the following best describes your job:**

   ❒ Security staff ❒ Prison administration
   ❒ Social worker ❒ Psychologist
   ❒ Medical staff ❒ Physician
   ❒ Other, please specify: .....

3. **How long have you worked with young offenders in custody?** ⌊__⌋⌊__⌋ years

4. **Please indicate the age range of the young offenders you are currently working with**

   from ⌊__⌋⌊__⌋ to ⌊__⌋⌊__⌋ years old

5. **Please indicate if the following applies for young offenders in your** *prison, youth arrest house, re-education centre***? (please tick the respective box)**

	Yes	No
Prisoners/young offenders are able to play sports outside	❒	❒
Prisoners/young offenders are able to play sports in the gym	❒	❒
Prisoners/young offenders have at least 1 hour exercise outside each day	❒	❒
Prisoners/young offenders are able to see a doctor when they feel sick	❒	❒

6. Please indicate if the following health promotion activity is available for young offenders in your *prison, youth arrest house, re-education centre* **AND how the information is provided (e.g. through leaflets, group discussion, peer education etc.).**

Please also rate how important you think it is to provide each activity for young offenders while they are in custody.

Health Promotion activity on:	Available	Not available	Under development	If available, how is it delivered? Leaflets	Posters	Brochures	Individual counselling	Group session	Peer educators	How important is it that this activity is provided in custody? *(rate from 1 "not important at all" to 5 "very important")*
Healthy nutrition	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Body changes during puberty	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Dental/ oral hygiene	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Alcohol use	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Tobacco use	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Use of prescriptive drugs	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Use of illegal drugs	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Infectious disease HIV	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
hepatitis	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
tuberculosis	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Safe practices for tattooing/piercing	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Safe practices for injecting drugs	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Prevention of suicide	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Prevention of self harm	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Sexually transmitted diseases	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Safer sex practices (condom use)	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Contraception	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Coping with custody & criminal career	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Coping with bullying	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Conflict management	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
Other, please specify:										
.....	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
.....	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5
.....	❒	❒	❒							❍1 ❍2 ❍3 ❍4 ❍5

7. **Are there particular vulnerable groups that receive special health promotion services?**

❒ Women ❒ Migrants

❒ Ethnic minorities ❒ Other, please specify …….

8. **What are the main barriers – if there are any - to implementing health promotion for young offenders in custody?**

9. **What are your suggestions to improve health promotion in custody?**

10. **Any other comments**

Thank you for completing the questionnaire!

Attachment 3 – Questionnaire for young prisoners

What is the HPYP project about?

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What do we mean by health promotion in custody?

The term health promotion covers all the things that help to keep you healthy and to improve your health. This can include things like why exercise is good for you, how to stop smoking, how to manage your drinking, understanding the problems of using drugs, looking after your teeth, improving your self confidence and dealing with feelings of sadness. It also includes such things as how to deal with living in custody and how to cope with arguments and living with others in a large group.

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11. Are you … ❒ Male ❒ Female

12. How old are you? └──┘──┘ years

13. Is this your first time in prison or custody? ❒ Yes ❒ No

14. Are you … ❒ on remand? ❒ sentenced?

5. Would you like to know more about the following issues?	Yes	No	Don't know	**How important is this issue for you?** Very important	Important	Not important
How to eat healthily	○	○	○	❒	❒	❒
Understanding how my body changes as I get older (dealing with sexual feelings)	○	○	○	❒	❒	❒
Looking after my teeth and gums	○	○	○	❒	❒	❒
How drinking affects my health	○	○	○	❒	❒	❒
The effects of smoking on my health	○	○	○	❒	❒	❒
The dangers of using drugs prescribed by the doctor for somebody else	○	○	○	❒	❒	❒
Using illegal drugs and how they affect my body	○	○	○	❒	❒	❒
Learning about what HIV is and how to protect myself from getting infected	○	○	○	❒	❒	❒
Learning about what hepatitis is and how to protect myself from getting infected	○	○	○	❒	❒	❒
Learning about what tuberculosis is and how to protect myself from getting infected	○	○	○	❒	❒	❒
How to get a tattoo or piercing safely	○	○	○	❒	❒	❒
How to inject drugs safely	○	○	○	❒	❒	❒
How to deal with feelings of suicide	○	○	○	❒	❒	❒
How to deal with feelings to self harm	○	○	○	❒	❒	❒
Learn what sexually transmitted infections are and how to keep free of infection	○	○	○	❒	❒	❒
How to use a condom properly	○	○	○	❒	❒	❒
Learn about all the different kinds of contraception	○	○	○	❒	❒	❒
How to cope with life in custody	○	○	○	❒	❒	❒
Learning about alternatives to being involved in crime	○	○	○	❒	❒	❒
How to cope with bullying	○	○	○	❒	❒	❒
How to cope with arguments and aggression in custody	○	○	○	❒	❒	❒
Other, please name:	○	○	○	❒	❒	❒

6. **Can you think of anything else that might help you to feel healthier in custody?**

7. **Any other comments**

Thank you for completing the questionnaire!

Attachment 4 – Guidelines for focus groups

What is the HPYP project about?

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Focus group questions

1. When you think about the words "health" and "wellbeing" – what comes into your mind? What does health mean to you?
    - *Split participants into two groups, ask them to draw a picture "How do you imagine a healthy/ an unhealthy person?" and discuss it with the group.*

2. Do you feel healthy at the moment? Do you think that being here has affected your health (in a good /bad way)?

3. What could help you to be healthier here and after you leave?
   (for possible answers compare to the needs assessment questionnaire; e.g. smoking cessation, abstinence from alcohol, physical activity, good diet, knowing more about infectious diseases, sexual health, mental health…)
    - *Use posted notes or a flipchart for writing down the answers*
    - *Ask participants to prioritise their answers*

4. How much do you know about the things we have put down on the flip chart? (*pick one subject at a time and ask the group for comments*)

5. What things about your health do you think you would like to learn more about?

6. Can you think of anything else that would help you to feel better?

7. If you could choose 3 things that would make you feel better here what would they be?

8. Is there anything that you consider important that I have forgotten to ask you?

THANK YOU!

Attachment 5 – Guidelines for interviews with prison staff

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Expert interview questions

1. What is your professional position
2. How long have you been working with young offenders?
3. What is the age range of the young offenders that you work with?
4. What do you think are the health promotion needs of young offenders?
5. What kind of health promotion measures exist in your secure setting (*prison, youth arrest house, re-education centre etc*). What works well? What doesn't?
6. Are there particular vulnerable groups among the young offenders (e.g. women, migrants/ ethnic minorities, problem drug users) that require or who receive special services regarding health promotion?
7. Does the *prison/youth arrest house/ re-education centre* have links with NGOs/ voluntary organisations/ public agencies regarding health promotion activities? If yes, please specify this cooperation. How does this cooperation work?
8. What are the main barriers to implementing health promotion for young offenders?
9. What are your suggestions to improve health promotion?
10. Are there any key changes that you think would improve health promotion for young offenders?
11. Is there anything that you consider important that I have forgotten to ask you?

THANK YOU!

Attachment 6 – Guidelines for interviews with NGO and service providers

What is the HPYP project about?

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The HPYP project is not commissioned by the prison system but has been funded by the EU to study health promotion in juvenile secure settings. This interview is strictly anonymous. All information will be treated confidentially and no individual answers will be forwarded to prison authorities. Each interviewee is kindly asked to fill out a consent form.

Expert interview questions

12. Please indicate your professional position
13. How long have you been working with young offenders?
14. What age range of young offenders are you working with?
15. What kind of health promotion measures do you provide?
16. What do you think are the health promotion needs of young offenders?
17. Are there particular vulnerable groups (e.g. women, migrants/ ethnic minorities, drug/ alcohol users) requiring and receiving special services regarding health promotion?
18. How does cooperation with the *prison/ youth arrest house/ re-education centre* look like? How does this work?
19. What are the main barriers to implementing health promotion for young offenders?
20. What are your suggestions to improve health promotion for young offenders?
21. What would you most want to change regarding health promotion for young offenders?
22. Is there anything that you consider important that I have forgotten to ask you?

THANK YOU!